



MISSOURI DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER SERVICES
 830 MoDOT DRIVE, P.O. BOX 270
 JEFFERSON CITY, MO 65102-270
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 FAX: (573) 751-0916 WEB ADDRESS: www.modot.org/mcs

DOCUMENT CHECKLIST ON BACK OF FORM

APPLICATION #	TAX ID NUMBER (FEIN/SSN)	TYPE OF TRANSACTION	PAGE _____ OF _____
TYPE OF OPERATION: <input type="checkbox"/> PVT - PRIVATE <input type="checkbox"/> FOR - FOR-HIRE <input type="checkbox"/> FHL - FOR-HIRE LEASE		<input type="checkbox"/> FHE - FOR-HIRE EXEMPT <input type="checkbox"/> FHR - FOR-HIRE RENTAL <input type="checkbox"/> PVR - PRIVATE RENTAL	COMMODITY CLASS: <input type="checkbox"/> A - ALL <input type="checkbox"/> E - EXEMPT <input type="checkbox"/> H - HOUSEHOLD GOODS

EQUIPMENT REGISTRATION FORM

REGISTRATION YEAR	NAME OF REGISTRANT (IF CORPORATION, SUBMIT CORPORATION PAPERS)			IFTA DECAL REQUEST THE NUMBER OF DECALS ISSUED MUST RECONCILE WITH THE NUMBER OF TRUCKS LICENSED, AND WILL BE SUBJECT TO AUDIT. IFTA LICENSE NUMBER _____ NUMBER OF DECALS REQUESTED _____ SETS
ACCOUNT NUMBER	DBA NAME (IF APPLICABLE, SUBMIT FICTITIOUS NAME PAPERS)			
FLEET NUMBER	BUSINESS ADDRESS (WHERE FLEET IS BASED)		COUNTY	
U.S. DOT NUMBER	CITY, STATE, ZIP CODE		BUSINESS PHONE NUMBER	
IFTA NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES (NO P.O. BOX NUMBERS)		COUNTY	
FMCSA NUMBER	CITY, STATE, ZIP CODE			
PERSON TO CONTACT	CONTACT PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	JURISDICTIONAL WEIGHTS SECTION LIST ONLY THE WEIGHTS OF THE IRP JURISDICTIONS THAT WILL BE DIFFERENT THAN THE MISSOURI COMBINED GROSS WEIGHT. IF ADDING A NEW JURISDICTION, ENTER THE WEIGHTS NEXT TO THE NEW JURISDICTION.

EQUIPMENT ADDITION SECTION

EQUIPMENT NUMBER	EQUIPMENT NUMBER			AL	MN	VA
MODEL YEAR & MAKE	MODEL YEAR & MAKE			AR	MS	VT
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER			AZ	MT	WA
VEHICLE TYPE & AXLES	VEHICLE TYPE	POWER UNIT AXLES	TRAILER UNIT AXLES	CA	NC	WI
FUEL TYPE & SEATS (IF A BUS)	FUEL TYPE	NUMBER OF SEATS		CO	ND	WV
UNLADEN WEIGHT	UNLADEN WEIGHT			CT	NE	WY
WEIGHT GROUP (Combined Gross Weight)	WEIGHT GROUP (Combined Gross Weight)			DC	NH	AB
UNIT PRICE	LATEST PURCHASE PRICE	FACTORY PRICE		DE	NJ	BC
DATE OF PURCHASE (MM/DD/YYYY)	DATE OF PURCHASE (MM/DD/YYYY)			FL	NM	MB
IS UNIT LEASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		IS UNIT LEASED?	GA	NV	NB
NAME OF TITLED OWNER (LESSOR)	NAME OF TITLED OWNER (LESSOR)			IA	NY	NL
TITLE STATE & TITLE NUMBER	TITLE STATE	TITLE NUMBER		ID	OH	NS
PLATE NUMBER	PLATE NUMBER			IL	OK	NT
CONTROL AND RESPONSIBILITY FOR SAFETY OF THIS VEHICLE: IS RESPONSIBLE CARRIER EXPECTED TO CHANGE DURING REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO USDOT NUMBER: _____ TAX ID NUMBER (FEIN): _____				IN	OR	ON
				KS	PA	PE
EQUIPMENT DELETION SECTION				KY	RI	QC
				LA	SC	SK
CONTROL AND RESPONSIBILITY FOR SAFETY OF THIS VEHICLE: IS RESPONSIBLE CARRIER EXPECTED TO CHANGE DURING REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO USDOT NUMBER: _____ TAX ID NUMBER (FEIN): _____				MA	SD	YT
				MD	TN	AK
EQUIPMENT DELETION SECTION				ME	TX	MX
				MI	UT	
REFUND REQUEST IF YOU ARE REMOVING A POWER UNIT THAT IS LICENSED FOR MORE THAN 54,000 POUNDS YOU MAY REQUEST THE REMAINING MISSOURI PORTION OF FEES AS A REFUND. BY MARKING THE APPROPRIATE BOX BELOW AND SIGNING ON THE PROVIDED LINE.						
EQUIPMENT DELETION SECTION				<input type="checkbox"/> PLEASE ISSUE A REFUND FOR THE REMAINING PORTION OF MY MISSOURI FEES.		
				ORIGINAL SIGNATURE (SORRY, NO COPY OF SIGNATURE ACCEPTED)		
EQUIPMENT NUMBER	EQUIPMENT NUMBER			X		
MODEL YEAR & MAKE	MODEL YEAR & MAKE					
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER					
PLATE NUMBER	PLATE NUMBER					
COMBINED GROSS WEIGHT	COMBINED GROSS WEIGHT			REGISTRATION DATE	EXAMINED BY/DATE	